

FORMS

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APPLICATION FORM

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MEDIATOR'S SURVEY

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF PENNSYLVANIA

APPLICATION FOR ADMISSION TO
BANKRUPTCY MEDIATION PROGRAM REGISTER

General Instructions

(1) Each applicant must read General Court Procedure #4, Procedures Governing Mediation of Matters in Bankruptcy Cases.

(2) If additional space is needed to respond fully to any item on this application, please set forth the response(s) on a separate page with an identification of the question number to which it responds, sign each such additional page, and attach hereto.

(3) Please send with this application a diskette that contains a true copy of this application in a PDF format.

(4) Attorney applicants are to complete Parts I, II and IV of this Application.

(5) Non-attorney applicants are to complete Parts I, III and IV of this Application.

Part I. ALL APPLICANTS.

Name: _____

Firm: _____

Office Address: _____

Street

City

State

Zip Code

Office Phone: _____

Office Fax: _____

E-Mail: _____

Pa.I.D. or other Professional Association I.D. _____

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Part II. ATTORNEY APPLICANTS

1. List each state and federal court in which you currently are licensed to practice law:

Court

Date of Admission

2. If you have bankruptcy experience, list no more than three adversary proceedings or contested matters in which you have served as attorney of record for a party-in-interest from commencement through conclusion (i.e., judgment, order, or stipulation), or to the date of this application, whichever is earlier.

Case Title

Case Number

Dates

Representation

- a.

- b.

- c.

3. If you have bankruptcy experience, list no more than three bankruptcy cases in which you have served as the principal attorney of record (without regard to the party represented from commencement to conclusion, or to the date of this application, whichever is earlier.

Case Title

Case Number

Dates

Representation

- a.

- b.

- c.

4. If you have participated in mediation or other ADR processes (either as a neutral or in another role), list no more than three of those matters below.

	<u>Case Title</u>	<u>Case Number</u>	<u>ADR Process</u>	<u>Role</u>	<u>Dates</u>
a.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Part III. NON-ATTORNEY APPLICANTS

1. If you have participated in mediation or other ADR processes (either as a neutral or in another role), list no more than three of those matters below.

	<u>Case Title</u>	<u>Case Number</u>	<u>ADR Process</u>	<u>Role</u>	<u>Dates</u>
a.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Part IV. ALL APPLICANTS

1. List any professional licenses you hold (other than bar admission) and include the number of years you have practiced in each profession listed (e.g., accountant, real estate broker, appraiser, engineer).

<u>Profession</u>	<u>Accrediting Organization</u>	<u>Years of Practice</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List any professional organizations of which you are or were an active member, the length of your membership, and any positions held and/or projects completed.

<u>Organization</u>	<u>No. of Years</u>	<u>Active/Retired</u>	<u>Positions/Projects</u>

3. List any relevant bankruptcy experience not included in any response above.

4. List any mediation or other alternative dispute resolution training that you have completed and that has qualified for continuing professional education credit or has been approved by a court of competent jurisdiction.

<u>Course Title</u>	<u>Trainer/School</u>	<u>Court/Sponsor</u>	<u>CLE Credit Hours</u>	<u>Dates</u>

5. List speaking engagements, panel/seminar participation teaching experience, etc.

6. List any other relevant experience, skills, honors, publications, or other information which you would like considered in connection with this application.

7. Have you been removed from any professional organization, or have you resigned from any professional organization while an investigation into allegations of professional misconduct was pending? Yes _____ No _____
If so, please explain the circumstances of such removal or resignation.

8. Check the count(y)(ies) in which you are willing to conduct mediation conferences:

I hereby certify that I have read General Court Procedure #4, Procedures Governing Mediation of Matters in Bankruptcy Cases, that I meet the qualification set forth therein for admission to this court's Register of mediators, and that I will fully comply with the relevant provisions of this court's General Orders, Local Rules, Court Procedures and Local Forms, and any modifications thereto, relating to mediation. I will immediately contact the Mediation Coordinator, and any parties for whom I have accepted appointment as a mediator, upon learning I am no longer qualified to serve pursuant to the provisions of General Court Procedure #4, Procedures Governing Mediation of Matters in Bankruptcy Cases.

If I am applying for appointment as an attorney mediator, I certify that I am a member in good standing of the state and federal bar(s) listed above. If I am applying for appointment as a non-attorney mediator, I certify that I am a member in good standing of my profession.

I consent to disclosure of the information contained in this Application to court personnel and to the parties and their representatives whose matters have been referred to the Bankruptcy Mediation Program of this court.

I declare under penalty of perjury that the information contained in this Application is true and correct.

Executed on _____, _____ at _____.

Return completed application and diskette to:

The Honorable Judith K. Fitzgerald, Chief Judge
Mediation Program Administrator
Suite 5490 U.S. Steel Tower
600 Grant Street
Pittsburgh, PA 15219

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF PENNSYLVANIA

In re:)	Bankruptcy No. _____
)	
_____ ,)	
Debtor)	
_____ ,)	Related to Document No. _____
)	
_____ ,)	Adversary No. _____
Plaintiff)	
)	
vs.)	
)	
)	
_____ ,)	
Defendant)	
_____ ,)	

MEDIATOR'S CERTIFICATE OF COMPLETION OF MEDIATION CONFERENCE

1. I hereby certify that pursuant to an order of assignment of this Court to the Bankruptcy Mediation Program dated _____, a Mediation Program Conference was held on _____/was not held.

(list all date(s) on which conference was held)

2. A settlement/resolution of this matter was ____/was not ____ reached.

Dated: _____ Mediator: _____
Signature

Type or print:

Name: _____

Address: _____

Telephone: _____

FORM "B"

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WESTERN DISTRICT OF PENNSYLVANIA

In re: _____) Bankruptcy No. _____
)
)
Debtor _____)
)
Related to Document No. _____
)
Plaintiff _____) Adversary No. _____
)
)
vs. _____)
)
)
)
Defendant _____)
)

REPORT OF MEDIATION PROGRAM CONFERENCE

I, _____, mediator for the Bankruptcy Mediation Program, state:

1. A Mediation Program conference was held on _____, _____ and (if applicable) on the following continued date(s):

_____(attach attendance form(s).

2. The rules governing the conference were _____/were not _____ complied with. If not, explain below:

3. A settlement/resolution of this matter was ____/was not ____ reached.

4. If a settlement/resolution was reached, (plaintiff/defendant/other party) _____ prepared the written stipulation for settlement.

5. Prior to the preparation of a final written agreement, the parties choose to put the agreement on the court record. Yes ____ No ____.

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6. I spent _____ hours in preparing for and scheduling the conference(s),

7. I spend _____ hours attending the conference(s).
8. I spent _____ hours on post-conference matters.
9. Comments/Suggestions (use additional sheets if necessary):

Dated: _____

Mediator

Please type or print name

Case Name: _____
Case No.: _____
Adversary Proceeding Name: _____
Adversary Proceeding No.: _____
Date of Mediation Conference: _____
Mediator: _____

Instructions: Please have all attorneys and client representatives who attend the conference(s) provide the following information.

ATTORNEYS

Name: _____
Firm Name: _____
Address: _____

Phone: () _____
Attorney for: _____

Name: _____
Firm Name: _____
Address: _____

Phone: () _____
Attorney for: _____

Name: _____
Firm Name: _____
Address: _____

Phone: () _____
Attorney for: _____

Name: _____
Firm Name: _____
Address: _____

Phone: () _____
Attorney for: _____

CLIENT REPRESENTATIVES

Name: _____

Title: _____
Organization: _____
Address: _____

Phone: () _____
Party Representing _____

Name: _____
Title: _____
Organization: _____
Address: _____

Phone: () _____
Party Representing _____

Name: _____
Title: _____
Organization: _____
Address: _____

Phone: () _____
Party Representing _____

Name: _____
Title: _____
Organization: _____
Address: _____

Phone: () _____
Party Representing _____

MEDIATOR'S SURVEY

We need your help to evaluate the effectiveness of the mediation program. Please complete this form and return it to:

**The Honorable Judith K. Fitzgerald, Chief Judge, Mediation Program Administrator,
5490 U.S. Steel Tower, 600 Grant Street, Pittsburgh, PA 15219**

This information will be used solely for the purpose of evaluating the mediation program.

1. Case Name: _____
Case No.: _____
2. Chapter: _____ 7 _____ 11 _____ 12 _____ 13
3. Adv. Name: _____
Adv. No. _____
No. Related to Document No. _____
4. When were you appointed as mediator? _____
5. When did the mediation take place? _____
6. Where did you meet?
_____ Mediator's Office
_____ Courthouse
_____ Office of a Party
_____ Office of a Party's Attorney
_____ Other (specify) _____
7. How long was the mediation?
_____ less than 1 hour
_____ 1-2 hours
_____ 3-4 hours
_____ one day
_____ more than one day (specify number of days) _____
8. The dispute that you mediated was:
_____ totally resolved (subject to court approval)
_____ partially resolved (certain issues were settled)
_____ partially resolved (certain issues were narrowed for litigation)
_____ not resolved
9. In your opinion, did each party have a representative with full settlement authority at the mediation conference? _____ yes _____ no
10. Did the parties who attended the mediation conference participate in good faith? _____ yes _____ no

11. What was the type of proceeding?
_____ non-dischargeability (specify basis) § 523(a)(_____)
_____ objection to claim
_____ preference
_____ fraudulent transfer
_____ turnover
_____ administrative expense
_____ valuation
_____ other (specify) _____

12. How much money was claimed in the dispute?
_____ under \$1,000
_____ \$1,000 to \$5,000
_____ \$5,000 to \$10,000
_____ \$10,000 to \$50,000
_____ \$50,000 to \$100,000
_____ \$100,000 to \$500,000
_____ over \$500,000
_____ nonmonetary issue (specify) _____

13. The plaintiff or movant was a[n]:
_____ trustee
_____ individual
_____ corporation
_____ partnership
_____ Internal Revenue Service
_____ other (specify) _____

14. The defendant or respondent was a[n]
_____ trustee
_____ individual
_____ corporation
_____ partnership
_____ Internal Revenue Service
_____ other (specify) _____

15. What did you dislike about the mediation conference? _____

16. What did you like about the mediation conference? _____

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17. How can the mediation program be improved? _____

18. Please include below any additional comments regarding the mediation conference in which you participated or regarding the court's mediation program

[illegible]

Mediator

Please type or print name